

STATE OF HAWAII DEPARTMENT OF HEALTH

P. O. BOX 3378 HONOLULU, HI 96801-3378 In reply, please refer to:

March 23, 2021

MEDICAL ADVISORY #21—CORONAVIRUS DISEASE 2019 (COVID-19): UPDATES TO GUIDANCE ON QUARANTINE AFTER VACCINATION AND CASE REPORTING

- 90 day time limit dropped for quarantine exclusion after vaccination
- COLLECT AND REPORT VACCINE HISTORY FOR COVID-19 CASES
- FOR CASES OF COVID-19 OCCURRING IN FULLY VACCINATED PERSONS (≥14 DAYS AFTER COMPLETION OF SERIES), RESPIRATORY AND SERUM SPECIMENS SHOULD BE COLLECTED AND FORWARDED TO THE STATE LABORATORIES DIVISION
- PROVIDERS SHOULD GIVE INSTRUCTIONS AND GUIDANCE TO PATIENTS ABOUT ISOLATION AND QUARANTINE AT THE TIME THEY FIRST CALL TO REPORT SYMPTOMS OR REQUEST TESTING

Dear Healthcare Provider:

I. 90 DAY TIME LIMIT DROPPED FOR QUARANTINE EXCLUSION AFTER VACCINATION

The Centers for Disease Control and Prevention no longer specify a timeframe in which persons who have completed a COVID-19 vaccination series may be excluded from quarantine requirements. In alignment with this new guidance, the Hawaii Department of Health recommends:

Fully vaccinated persons* with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet BOTH of the following criteria:

- Are fully vaccinated with a COVID-19 vaccine authorized for emergency use in the
 United States by the Food and Drug Administration (FDA) according to a schedule
 recommended by the Advisory Committee on Immunization Practices (ACIP), and are at
 least 14 days beyond completion of the vaccine series as of their earliest date of
 exposure; AND
- Have remained asymptomatic since the current COVID-19 exposure.

Persons who do not meet the above criteria should continue to follow <u>current quarantine</u> <u>guidance</u> after exposure to someone with suspected or confirmed COVID-19. Fully vaccinated persons who do not quarantine should still watch for symptoms of COVID-19 for 14 days following an exposure. If they experience symptoms, they should be clinically evaluated for COVID-19, including SARS-CoV-2 testing, if indicated.

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*Vaccinated inpatients and residents in healthcare and other congregate care settings remain an exception and should continue to quarantine for 14 days following an exposure to someone with suspected or confirmed COVID-19 (see Medical Advisory #20).

II. VACCINE BREAKTHROUGH CASE REPORTING

As of March 22, 2021 the Hawaii Department of Health (HDOH) has received a total of 12 reports of COVID-19 cases occurring in persons who completed a full vaccination series with an FDA-authorized COVID-19 vaccine. These vaccine breakthrough cases have been reported in 10 of 157,273 persons for whom ≥14 days have elapsed since completing a full series in the state of Hawaii, and in 2 non-residents vaccinated in other states. Among breakthrough cases reported in Hawaii residents, 9 have been in recipients of Pfizer-BioNTech COVID-19 vaccine and 1 has been in a recipient of Moderna, on the islands of Oahu (8) and Maui (2). Ages ranged from 26 to 74 years (median 40 years). The median time from receipt of 2nd vaccine dose to date of collection of a first SARS-CoV-2 positive specimen was 45 days (range, 21–68 days). The B.1.1.7 variant was detected in 2 of 2 specimens (1 Oahu, 1 Maui) for which whole genome sequencing has been performed; sequencing is pending for additional specimens. No hospitalizations have occurred among breakthrough cases; 6 reported mild symptoms and 4 were asymptomatic. At this time, no transmission has been identified from breakthrough cases in Hawaii.

COVID-19 vaccines currently authorized in the United States are effective against COVID-19, including severe disease. However, the risks of SARS-CoV-2 infection in fully vaccinated people cannot be completely eliminated as long as there is continued community transmission of the virus. Additionally, no vaccine is 100% protective. Therefore, if you suspect COVID-19 disease in a person who received a complete primary series and it has been at least 14 days since the last dose:

- Collect a respiratory specimen for SARS-CoV-2 diagnostic testing
- For patients with positive respiratory specimen results:
 - o Forward positive specimen to the State Laboratories Division (SLD) for whole genome sequencing analysis
 - o Report the case to HDOH at the numbers listed below
 - Submit a Vaccine Adverse Event Reporting System (VAERS) report at: https://vaers.hhs.gov/reportevent.html

Previously, HDOH provided recommendations regarding quarantine for vaccinated persons with an exposure to someone with suspected or confirmed COVID-19. Following HDOH recommendations outlined in Medical Advisory #20 (February 11, 2021), employers may exempt fully vaccinated employees who are close contacts of a COVID-19 case from quarantine. HDOH recommends that employers who exempt vaccinated employees from quarantine only accept written, dated records as evidence of vaccination. A sample healthcare provider letter is attached to this advisory and may be found on the HDOH website, under Resources for Clinicians, COVID-19 Release Letters. Employees who are unable to produce written documentation of their vaccination(s) are required to quarantine per HDOH guidelines.

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III. PROVIDERS SHOULD GIVE INSTRUCTIONS AND GUIDANCE TO PATIENTS ABOUT ISOLATION AND QUARANTINE AT THE TIME THEY FIRST CALL TO REPORT SYMPTOMS OR REQUEST TESTING

- a. With their established relationships with patients and early access to patients who may be infected with SARS-CoV-2, providers have an early opportunity to educate patients about COVID-19 mitigation. Providers should provide patients education about isolating and quarantining at home.
- b. HDOH has created and updates several online and printable resources.
 - i. More general guidance for patients can be found at <u>Disease Outbreak</u> Control Division | COVID-19 | General Guidance (hawaii.gov)
 - ii. Guidance on isolating and quarantining at home can be found at <u>Isolation</u>and-Quarantine-072120.pdf (hawaii.gov)

COVID-19 is considered an URGENTLY REPORTABLE condition. Providers should notify HDOH immediately of all persons with a positive molecular or antigen test for COVID-19. Laboratories are required to report positive and negative test results for SARS-CoV-2 (molecular, antigen, or serologic) through electronic laboratory reporting. Information and guidance on COVID-19 continues to evolve. To ensure you are accessing the latest information, please visit HDOH's COVID-19 websage or CDC's COVID-19 website. If you have any questions or need to report a patient with suspected/confirmed COVID-19, please contact us at one of the numbers below.

Oahu (Disease Reporting Line)	(808) 586-4586
Maui District Health Office	(808) 984-8213
Kauai District Health Office	(808) 241-3563
Big Island District Health Office (Hilo)	(808) 933-0912
Big Island District Health Office (Kona)	(808) 322-4877
After hours on Oahu	(808) 600-3625
After hours on neighbor islands	(800) 360-2575 (toll free)

We appreciate your partnership to prevent the spread of COVID-19 in our communities.

Sincerely,

Sarah K. Kemble, M.D. Acting State Epidemiologist

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Patient Birth Date: / /

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Return to Work for persons fully vaccinated with COVID-19 vaccine after CLOSE CONTACT with a person known to have COVID-19

Fully vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not

Patient Name:

require	ed to quarantine* if they mee	et both of the following criteria:	
•	States by the Food and Dru the Advisory Committee or completion of the vaccine	g Administration (FDA) accordi	for emergency use in the United ing to a schedule recommended by and are at least 14 days beyond of exposure; AND
	Fully vaccinated means: a) Pfizer vaccine: 2 dos b) Moderna vaccine: 2 dos c) Janssen vaccine: 1 dos 	ses, 4 weeks apart; OR	
			igs, other congregate care settings, d continue to quarantine for 14 days.
Vaccii	nation:		
	Vaccine Product	Vaccination Date	
	1)	/	
	2)	/	
The pa	ntient may return to work on	this date:/	
Note:		symptoms during the 14 days af ork until evaluated and tested fo	
Clinic	ian Name:		Title:
Clinic	ian Signature:		Date:/
Clinic	ian Phone Number: () _	Clinician F	ax Number: ()